

Surplus Lines License # _____(5 or 6 digit)

INDIANA DEPARTMENT OF INSURANCE
MONTHLY REPORT AFFIDAVIT
SURPLUS LINES RISKS

STATE OF _____
COUNTY of _____

I _____, am the designated/responsible licensed producer of
(name of producer)
_____ a licensee under the provisions of 27-1-15.8 et seq of the Indiana
(name of agency)
Insurance Code, and that during the month of _____ 20____, after diligent effort said licensee was
unable to obtain the class of coverage required for the risks indicated on the "Monthly Report", from companies
duly authorized to transact business in the State of Indiana and that coverage or contracts for such risks were:
produced by the licensee, after diligent effort, was unable to procure from any insurer authorized to transact the
particular class of insurance business in Indiana the full amount of insurance required to protect the insured; and
(B) the insurance placed under this chapter is not placed for the purpose of procuring it at a premium rate lower
than would be accepted by an insurer authorized and licensed to transact insurance business in the State of
Indiana, in accordance with provisions of 27-1-15.8-4, et seq of the Indiana Insurance Code, and the rules and
regulations promulgated by the Department of Insurance regarding Surplus Lines business in Indiana and that
the companies in which the within listed coverages were placed do have standards of management and solvency
necessary for the protection of policyholders.

**CHANGE FOR 2007 - THIS FORM IS NO LONGER REQUIRED TO BE SUBMITTED ON A MONTHLY
BASIS IF NO PREMIUMS HAVE BEEN WRITTEN DURING THAT PARTICULAR MONTH.**

As licensee, I hereby certify that, under penalty of perjury, all of the information submitted on this affidavit and
attachment is true and complete.

(Typed or Printed Name)

(Signature)